October 2019 Volume 8 Issue 2

# SCPT MOMENTUM

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# President's Message

I am sitting outside a lecture hall at the World Congress of Sport Physiotherapy, reflecting on some of the phenomenal presentations by professionals from around the world. I am contemplating the vast differences in our practice styles, locations, and clientele- yet noticing commonalities. A predominant theme is adaptability, a state of flux where physical therapists thrive, yet we must somehow regulate. In any given clinical scenario, some unexpected factor may interfere with our intended treatment plan. Without giving it a second thought, we re-evaluate, critically-examine the situation, and adapt. That clinical scenario feels rather reflective of the current state of the SCPT.

Council is in the midst of hiring our new Executive Director & Registrar. We appreciate your patience and understanding as we prepare for her to step into her role. There were 38 applications. The decision was made by Council to hire an external Human Resources company to guide our hiring committee through a transparent, professional, customized process. The HR company used our job description to create screening rubrics and interview templates specific for this position, leaving the actual work to our hiring committee. The extensive process is nearly complete, and I want to sincerely thank the hiring committee for the incredible amount of work this has been. While our office may not have had the smooth summer we had anticipated, we adapted. Brandy Green has done an excellent job in her interim EDR role.

With the Fall colours settling in, we are also coming to the end of our current Strategic Plan cycle. Council has been creating a new Strategic Plan that will carry us through 2020-2023. We are excited to have the draft together, and are in the process of outlining implementation guidelines, to be completed by our next EDR. Our new plan will require a shift in our current thought processes and organizational management. As a Council, we set our focus on the future, anticipating changes in health care delivery, professional expectations, as well as the role, structure and operations of the College- all underpinned by the importance of maintaining Self-Regulation.

Unfortunately, we received notification that our omnibus bill did not make it through the government in the last sitting, and with the upcoming election, there is no guarantee when or if it will. In lieu of this, Council and the Continuing Competency Committee will be dedicating a weekend in November to work with an expert in the area of professional competency. Our goal is to design a plan for a program that can be implemented in the very near future. Although we have to change course on the concepts that had been previously proposed, I do believe that we can build upon those ideas to help our members practice safely, effectively, and with the high standards of care that the public has associated with Physical Therapists in Saskatchewan.

As I contemplate who we are as physical therapists, some characteristics that come to mind are those of hard-work, collaboration, and dedication. It has been inter-twined in every presentation at Congress. I see it daily in our profession, the MOMENTUM newsletter is a superb example. A special cheers to the Communications Committee for putting together MOMENTUM. I hope you enjoy this issue. If you have any comments or queries, please don't hesitate to reach out.

Respectively submitted by Daysha Shuya

# Plagiocephaly: The Importance of Appropriate Referrals

Head shape concerns and torticollis continue to be a growing concern in Saskatchewan. In the past, positional plagiocephaly was estimated at 1 in 100. Today, plagiocephaly affects nearly half of all infants while 1 in 10 are recommended to be evaluated for treatment. Research indicates that better outcomes are achieved and decreased resources are required with earlier intervention. Early detection and education are pivotal for better outcomes. There is also an increased focus on prevention by providing more information to new parents and health care practitioners who work with young infants. Providing more awareness on head shape has led to increased referrals and decreased treatment required due to the benefits of earlier intervention. Head shape concerns have been identified by family doctors, public health nurses, other medical professionals as well as direct referrals from the parents and families.

**Definitions**

The most common head shape concerns seen by physical therapists are positional plagiocephaly, brachycephly or a combination of both. Positional plagiocephaly is the asymmetric flattening on the posterior aspect of the head. Associated features can include an anterior ear shift and facial asymmetries including forehead bossing, fuller cheek, and smaller appearance of one eye. Brachycephaly is the symmetrical flattening across the entire posterior aspect of the head. Associated features can include increase in vault height, parietal widening and prominent ears.

Often plagiocephaly has an associated torticollis. Torticollis is an abnormal posturing of the neck with lateral translation of the head on the body. It is often seen with a rotation and a lateral tilt preference. Torticollis is a description of a posture and NOT a diagnosis. Most often the sternocleidomastoid muscle is involved.

**Causes**

Plagiocephaly and brachycephaly can be acquired or congenital. Acquired plagiocephaly/brachycephaly is a result of frequent pressure on one aspect of the head as a result of positioning. Baby's skull bones are malleable and separated by sutures allowing the brain to grow and direct the growth of the skull. These features make the infant skull susceptible to the influence of external pressures, particularly in the first three months of life when the skull is most malleable. During this time, we see the greatest amount of skull deformation as it is also when the infants spend the majority of time on their backs (back to sleep campaign, car seats, swings, etc.). If there is consistent pressure on one aspect of the head, the brain growth and consequent skull growth will be directed to the other areas. 85% of cranial growth happens in the first year of life. Sometime between 18-24 months, the anterior fontanelle closes and skull growth slows. Changes to head shape are nearly negligible once the anterior fontanelle closes.

Congenital head shape concerns can result from a craniosynostosis, which is a congenital anomaly caused by early closure of one or more sutures, resulting in limited or distorted head growth. These may be an isolated finding or could be associated with a genetic syndrome and require an urgent assessment with a neurosurgeon.

Torticollis can also be acquired or congenital. Acquired torticollis is a result of positioning. Asymmetrical tonic neck reflex and environmental influences, such as the back to sleep campaign and increased use of car seats and swings, increase the incidence of torticollis.

Congenital torticollis can be caused by intrauterine crowding, difficult labors causing muscle damage or ischemic injuries due to abnormal vascular patterns. These may present with a contracture or psuedotumour. Abnormal spine development

**(Continued)**

such as a hemivertebrae, scoliosis, unilateral atlanto-occipital fusions, or conditions such as Klippel-Fiel syndrome or Sprengles deformity may also cause a congenital torticollis.

**When to Treat**

Both torticollis (acquired and congenital) and positional plagiocephaly/brachycephaly can be treated by physical therapists through education, stretches, muscle release, strengthening, repositioning programs and monitoring change. For physical therapists with experience in development, management would also include assessment and monitoring gross motor development.

**When to Refer**

There are a number of red flags for babies who are seen with head shape concerns that require a referral. Any child with a suspicion of a craniosynostosis should be sent back to their family doctor to assess and refer to neurosurgery. Other conditions that can be associated with head shape concerns include: genetic syndromes, developmental dysplasia of the hip (DDH), gross motor delay, cerebral palsy, brachial plexus injury or others which all would require a referral from their family physician to the appropriate specialists. Plagiocephaly/brachycephaly is a marker for elevated risk of developmental delay and should always be screened.

Positional plagiocephaly and brachycephaly may require cranial remolding orthosis (helmet). Head shapes that are not improving and/or have anterior involvement (facial asymmetries) and a significant ear shift should be considered for a helmeting referral.

Torticollis that is not resolving also may need a referral to a physical therapist specializing in development. A TOT collar can be fit by an experienced PT to address persistent acquired torticollis. They also may need to be sent back to their family doctor for imaging to rule out an abnormal x-ray of the spine. Eye exams and hearing screens may also be indicated if a child is not responding to treatment.

**Helmeting**

Cranial remolding orthosis (helmets) are designed to redistribute the forces on the head to direct cranial growth. The cost is covered by Sask Health but require some commitment by the family. They anticipate a 3-6 month commitment to be worn, 23 hours per day, with follow-ups every 1-3 weeks for adjustments. The optimal window to initiate helmeting is between 5-8 months with best results when started by 5-6 months. There is currently one orthotist who fits helmets covered by Sask Health in Saskatchewan and he is located in Saskatoon. Private orthotists out of province provide this service but the family would have to cover the costs (estimated $2500).

**Who/How to Refer**

A requisition for a cranial remolding orthosis assessment must come from a pediatrician. Many pediatricians require an MD referral but some accept referrals from PTs or directly from the families. It is best to get to know your community and the quickest process to assess for a referral as wait times can delay the process enough that the child misses the ideal window to initiate helmeting.

If you have a child that you think needs a referral, you could also contact the local Children's Program for further information and assessment by a specialized PT. When making a referral, do so by sending a referral letter outlining the issue, treatment to date, outcomes, and any specific requests regarding assessment/treatment. When making the referral, be sure to include a copy of the parent's signed consent for sharing of information. SHA is in the process of standardizing referral forms across the province, so look for these in the near future.

Parents can also self-refer into the Children's Programs for assessment by a pediatric physical therapist, all they have to do is call the program centers. They would still require a pediatrician's referral for helmeting if it is required though.

Children's Programs exist at Wascana Rehab Center in Regina and Alvin Buckwold Child Development Program in Saskatoon. The following link provides further information about contacting these centers and accessing care for pediatric patients throughout the province: https://momsandkidssask.saskhealthauthority.ca/

**Resources**

A video on plagiocephaly prevention for families:
http://www.sunrisehealthregion.sk.ca/default.aspx?page=128
Pathways website has fantastic resources for tummy time:
https://pathways.org/topics-of-development/tummy-time-2/
A great brochure on Tummy Time
https://pathways.org/wp-content/uploads/2016/03/Tummy-Time-Brochure-English-2016.pdf

Thank you to Jodi Walkner for writing this article and providing all the great resources! Thank you also to Kim Woycik for providing information on pediatric therapy programming and referrals. For a full list of References, please contact the Communications Committee.

# Start a Conversation this Election Season

As October 21 approaches, talk of the federal election and numerous campaign signs on lawns around our community are hard to ignore.

When a representative comes knocking at your door, as a physiotherapist there are questions we can ask to better understand how each party's platform will affect our work as well as health care on a larger scale. Provided below are statistics to reference and conversation prompts to utilize, focusing on 4 different topics: Seniors health, Pain management, Indigenous and Rural/Remote Communities, and Health Care Funding.

**Seniors' Health** – Physiotherapists have a proven role in improving the quality of lives for seniors living in the community. By 2036, more than 62% of health care spending will be on those over the age of 65.[1] How will your party ensure that seniors get the care they need, and will physiotherapy be recognized as a profession essential in this care?

**Pain Management –** 1 in 5 Canadians live with chronic pain. The cost of chronic pain is estimated at $60 billion per year.[2] How will your party tackle chronic pain and the high use of opioids?

**Indigenous and Rural/Remote Communities -** Indigenous people consistently have poorer health outcomes than other Canadians. 30% of the Saskatchewan population is rural/remote yet only 10% of physiotherapists practice in these communities.[3] How will your party ensure Indigenous people have access to the care they need, including physiotherapy services?

**Health Care Funding –** Having access to health care services, such as physiotherapy, is a topic that the Saskatchewan Physiotherapy Association focuses advocacy efforts towards. Does your party plan on increasing healthcare funding? If so, are there specific priorities to focus on for that funding?

Be direct, authentic and passionate with your conversation. Spend time in interactions with party representatives discussing issues that matter to you. Passion shows through in conversation. Give a voice to our profession, and start a conversation when you have a chance this October.

More information can be found at: https://physiotherapy.ca/election-2019-toolkit

References:

1. A New Vision for Health Care in Canada: Addressing the Needs of an Aging Population 2016 Pre-budget Submission to the Minister of Finance. Canadian Medical Association; 2016. https://policybase.cma.ca/documents/Briefpdf/BR2016-02.pdf Accessed Oct 2, 2019.
2. Chronic Pain in Canada: Laying a Foundation for Action: A Report by the Canadian Pain Task Force. Health Canada, 2019. https://www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2019/canadian-pain-task-force-June-2019-report-en.pdf Accessed Oct 2, 2019.
3. Bath B. Gabrush J, Fritzler R, Dickson N, Bisaro N, Bryan K, Shah TI. Mapping the Physiotherapy Profession in Saskatchewan: Examining Rural versus Urban Practice Patterns. Physiotherapy Canada. 2015;67(3):221-231.

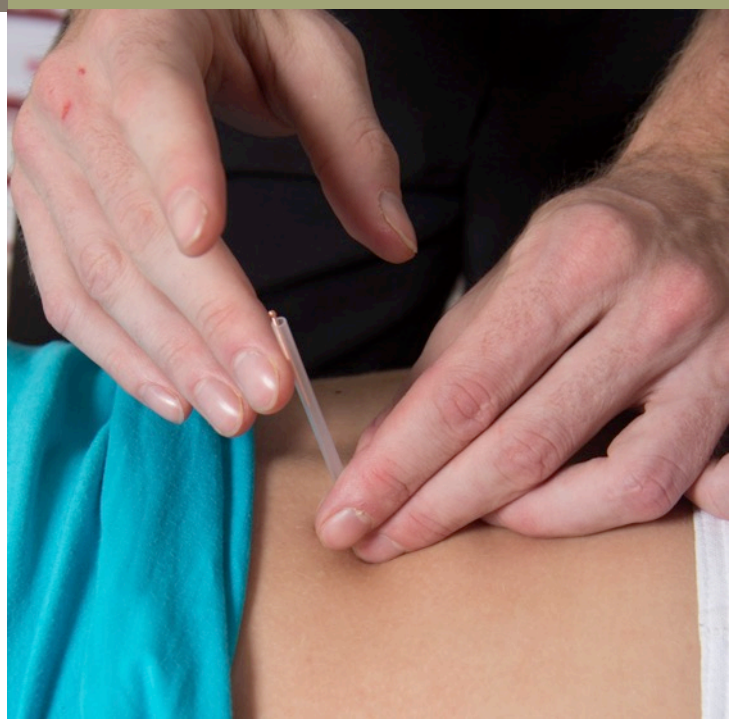
## Working Within Your Competency

Competency is defined as "the ability to do something successfully or efficiently". In physical therapy, we often emphasize the importance of knowing and working within your competency, in fact it is clearly stated in both the Code of Ethical Conduct and the National Standards of practice that a physical therapist "delivers only services that are clinically indicated for clients, and that he/she is competently able to provide".

For physical therapists, the NPAG Competency Profile for Physiotherapists in Canada (2017) describes the essential competencies required of a physiotherapist in Canada throughout their career and specific milestones expected of a physiotherapist at entry to the profession. However, it is important to understand that competency is a very individualized concept, and that it fluctuates throughout your career depending on experience, current area of practice and continuing education. With this in mind, what exactly do we mean when we say "work within your competency"?

Standard 6 of the National Standards of Practice states, "The physiotherapist practices within her/his level of competence and actively pursues continuous lifelong learning to maintain competence in existing and emerging areas of her/his practice." This means that physical therapy clients can expect that the services they receive are delivered by a physiotherapist who is competent in the provision of care in the area of practice in which they provide these services. This also indicates that the physical therapist takes appropriate actions (e.g., referral to another physiotherapist or health care provider) in situations where he/she does not have the required competence to deliver quality client-centred care. Standard 2 also states that a physical therapist should "advocate within her/his capabilities and context of practice for clients to obtain the resources they require to meet their health goals", which may require a physical therapist to seek out appropriate referral options for a patient if the physical therapist feels that the patient's needs are beyond their personal competency to treat.

The Code of Ethical Conduct provides that beneficence guides the practitioner to do what is good with respect to the welfare of the client. In physiotherapy practice, the physiotherapist should provide benefit to the client's health. This indicates, and is emphasized in The Code, that physical therapists will treat clients only when the diagnosis or continuation of the intervention warrants treatment and is not contraindicated. They are expected to assess the quality and impact of their services regularly and practice the profession of physiotherapy according to their own competence and limitations, referring the client to others as necessary. When a referral is necessary, physical therapists should practice collaboratively and



and communicate appropriately with colleagues, other health professionals and agencies for the benefit of clients.

When considering your own competencies and ability to provide specific services, you also need to respect the principles of informed consent by explaining service options provided by yourself and the potential of referral to others, risks, benefits, potential outcomes, possible consequences of refusing treatment or services, and by avoiding coercion. In addition, you need to ensure that you have appropriate consent for sharing client information prior to doing so.

With this in mind, it is important to understand that failure to appropriately refer patients to a more specialized practice physical therapist or other health care provider, when it is indicated to do so, may be considered Professional Incompetence and thus could potentially lead to disciplinary action.

It is important to remember that the goal of all healthcare providers is to improve their client's/patient's health within their scope to do so; therefore, if you are unsure about a patient's assessment, diagnosis or treatment plan reach out to your colleagues within your profession and other health care professions. There is significant research that supports a multi-disciplinary approach to health care, with a focus on collaboration of team members in order to provide the highest level of care to your patients.

References:
Competency Profile for Physiotherapists in Canada
National Standards of Practice (Standards 2, 3, 4, 6)
Code of Ethical Conduct (Responsibilities to the Client)

# Frequently Asked Questions

The SCPT office receives a number of questions from its members. In order to help enhance the competency of our membership, the Continuing Competency Committee (CCC) has decided to provide the answers to some of the more common questions in issues of Momentum for everyone to read.

**Question 1:** If I work in both public and private practice, what can I tell my patient who is being discharged from the hospital about services available in the private practice clinic where I work?

**Answer:** Core Standards of Practice, Standard 7: Conflict of Interest.
Performance Expectations:
a) Identify and manage any situations of real, potential or perceived conflicts of interest.
This includes but is not limited to:
receiving financial or other benefits from other providers related to accepting
i. referrals, providing services, or selling products;
ii. providing and/or accepting incentives to/from others to generate referrals, provide services, or sell products;
iii. receiving financial incentives based on client numbers, service volumes, profits, etc.; and
*iv. self-referring clients acquired in the public sector for treatment in the private sector for her/his own personal gain.*

As you can see from section iv, telling a patient about the services offered in the private practice where you work may be construed as referring a client to your own clinic for your own personal gain. Such actions would go against our Core Standards of Practice. However, it is our clients' right to choose a provider.

This means that the client can still choose to go to your clinic, you just can't actively encourage them to choose your clinic over another physical therapy clinic or refer them directly to the clinic where you work. Providing clients with a list of clinics available in the community will allow them the freedom to choose from any of those clinics, including the clinic where you work, and avoid a potential conflict of interest.

**Question 2:** Can I provide services when another physical therapist (or other health care practitioner) is also providing treatment?

**Answer:** SCPT Regulatory Bylaws (2018)
Concurrent treatment
21. No member shall provide physical therapy treatment to a client where**:**
(a) the client is receiving treatment from another health care provider who has a dissimilar or conflicting treatment philosophy, approach or client care objectives;
(b) the other healthcare provider treating the client has not been notified; or
(c) the physical therapy services provided constitute duplication.

As you can see from our regulatory bylaws, you can provide services when another physical therapist is also providing treatment as long as you abide by the aforementioned regulations. This also requires the physical therapist to contact the other provider for consent to co-treat as both providers need to be in agreement. If co-treatment is occurring, communication needs to occur between the providers in order to prevent duplication of services. When sharing information between the providers, consent needs to be obtained from the client.

Respectfully Submitted, Karla Horvey, CCC Chair

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